

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/647953	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51	5			
2	1					52	1			
3	1					53	1			
4	1					54	1			
5	1					55	1			
6	5					56	1			
7	5					57	5			
8	5					58	5			
9	5					59	5			
10	1					60	1			
11	1					61	1			
12	1					62	1			
13	1					63	1			
14	5					64	1			
15	5					65	5			
16	5					66	5			
17	5					67	5			
18	5					68	5			
19	5					69	5			
20	1					70	5			
21	1					71	5			
22	1					72	5			
23	1					73	5			
24	1					74	1			
25	5					75	1			
26	5					76	1			
27	5					77	1			
28	1					78	4			
29	1					79	4			
30	1					80	4			
31	1					81	1			
32	1					82	1			
33	5					83	1			
34	5					84	1			
35	5					85	4			
36	1					86	4			
37	1					87	4			
38	1					88	5			
39	1					89	5			
40	1					90	5			
41	5					91	5			
42	5					92	5			
43	5					93	5			
44	1					94	5			
45	1					95	5			
46	1					96				
47	1					97				
48	1					98				
49	5					99				
50	5					100				
TOTAL IND.	18					TOTAL IND.	18			
TOTAL DEP.	190					TOTAL DEP.	190			
TOTAL CLAIMS	208					TOTAL CLAIMS	208			

BEST AVAILABLE COPY